

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 MAR -7 AM 9:49

TALLAHASSEE, FLORIDA

MAR - 7 2016

DOCUMENT # **LO8000006198**

1. Limited Liability Company's Name

M+C MOTEL OF CLEARWATER, LLC

CR2E041 (1/14)

L BERGER

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2940 GULF TO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL.

Zip

Country

Zip

Country

33759

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

1-17-08

6. FEI Number

26-1782454

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

AGOSTINO MENNA

Street Address (P.O. Box Number is Not Acceptable) Suite

2958 KENILWICK DR. N.

Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

200283029492
03/07/16--01035--027 ***937.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-2-16**

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MR	AGOSTINO MENNA	2958 KENILWICK DR. N.	CLEARWATER, FL 33761
MR	IOLANDA CALANDRA	2940 GULF TO BAY BLVD	" " 33759
MR	ANTHONY MENNA	2940 GULF TO BAY BLVD	" " "
MR	REANS CAVALIERI	2940 GULF TO BAY BLVD	" " "
	2011-2016		

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date **3-2-16**

Daytime Phone #

727-796-9640

Typed or printed name of signing authorized representative/member

AGOSTINO MENNA